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| Client/Matter/Tkpr: | 50277-2280/10/676,658                                       | Date: 5/10/0                  | 6 Time                      | ent:                                  |  |
|                     |   | Number of                     | f pages including this i    | •                                     |  |
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| for the             | the above-referenced PTO on March 30, 2 connected to custom | d matter num<br>2006 (postcar | ber. This was               | mailed to                             |  |
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Attorney: BDH/ds First Class Mail

#### Acknowing tent Receipt

Mailing Date: March 30, 2006 Attorney Docket No. 50277-2280 Serial No. 10/676 668

4084141076

Serial No.: 10/676,658 Inventor: Zhenhai Lin

Title: ATTRIBUTE PARTITIONING FOR USER EXTENSIBILITY

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3) Change of Correspondence Address Application (I page)

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**Application** 

## **CENTRAL FAX CENTER** MAY 1 0 2006

PTO/SB/122 (09-04)

Approved for use through 7/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/676,658 Filing Date September 30, 2003 First Named Inventor Zhenhai Lin

| Alexandria, VA 22313-1450  Examiner Name Unknown Attorney Docket No. 50277-2280  Please change the Correspondence Address for the above-identified application to:  X The address associated with Customer Number:  Address  City  Country  Telephone  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor  Assignee of record of the entire interest.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X Attorney or Agent of record. Registration Number 35,894  Registered practitioner named in the application transmittal letter in an application without an executed cath or declaration. See 37 CFR 1.33(a)(1). Registration Number yped or Printed  Brian D. Hickman  Brian D. Hickman   | í                                     |            |           | 2171            |                                    | Unit              | L A  | L 0161172   | ( 1450   | P. Q. Box   |                         |          |
|--|---------------------------------------|------------|-----------|-----------------|------------------------------------|-------------------|--|---|--|---|-------------------------|----------|
| Please change the Correspondence Address for the above-identified application to:    X   |                                       | Unknown    |           |                 | Examiner Name                      |                   | E  | 2313-1450   | Alexandri  |   |                         |          |
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| am the: Applicant/Inventor   Assignee of record of the entire interest.   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   X Attorney or Agent of record. Registration Number   35,894   Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number   ped or Printed   Brian D. Hickman   Br   |                                       |            |           | Fax             |                                    |                   |  |   |  |   | one                     | leph     |
| ame Brian D. Hickman   |                                       |            | ation     | 4<br>an apolica | )/SB/96).<br>35,89<br>al letter in | (Form PTO/oer     | erest.<br>enclosed.<br>tration Num<br>e applicatio | of the entire int<br>CFR 3.73(b) is<br>f record. Regis<br>ner named in th | nventor<br>f record of<br>under 37<br>Agent of<br>practition | plicant/Ir<br>signee of<br>atement a<br>orney or<br>gistered<br>hout an e | the: All As St X At Wir | lam      |
|  |                                       |            |           |                 |                                    |                   |  | Hickman   | rian D. I  | В   | Printe                  |          |
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| te March 13, 2006 Telephone (408) 414-1080   |                                       |            |           | •               | •                                  |                   |  | -   |  |   |                         |          |
| OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit more than one signature is required, see below.   | ultiple forms if                      | ired. Subr | are requi | sentative(s)    | r their repre                      | ire interest or t | cord of the e                                      | or assignées of re<br>see below*  | Slothevin  | o ox all the  | A HAICHLE               | / I E. 3 |
| X *Total of 1 forms are submitted.   |                                       |            |           |                 |                                    |                   |  |   | единеа, в  | mature is i   | TONE S                  | me tha   |